					•	. •		Ap	plication	or Do	cket Numi	per	
•	, PATENT A	PPLICATIOI Effecti	N FEE DE ve Octobe			N RECO	RD		040	40	; <u>5</u>	_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			12				. !	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		· 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				us 3 =	• 0			X42=		OR	X84=		
		DENT CLAIM PR	RESENT							ĺ .	+280=		
• If	the difference	in column 1 is	ess than zer	ro, ente	r "0" in c	olumn 2		+140= TOTAL	370	OR	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							e de la composition della comp	TOTAL	310	lo	OTHER	THAN	
	(Column 1) (Column 2) (Column							SMALL	ENTITY	OR		•.	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	- 10	Minus	20	7	=	1	X\$ 9=		OR	X\$18=		
MEN	Independent	. /	Minus	***	3	=		X42=		OR	X84 -		
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140		<u> </u>	+280=		
								+140=		OR	TOTAL	<u> </u>	
:				(0.4)		(Célumn 2		ADDIT. FEE	<u> </u>	OR	ADDIT. FEE		
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	1	X42=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT FEE		
		(Column 1)	1		ımn 2) HEST	(Column 3	_	. '				<u> </u>	
NTC		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER FIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	· X\$18=		
MEN	Independent	*	Minus	***			┧.	X42=		OR	· X84=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
٠	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
		mber Previously P Imber Previously F nber Previously Pa	haid Ear" IN THI	S SPACE	- is less tha	an 3 enter 3.		ADDIT. FEE	propriate bo		ADDIT. FEE	: 	